

Title II of the Americans with Disabilities Act

COMPLAINT FORM

Instructions: *Please fill out this form completely, in black ink or type. Sign and return to the address on page 2.*

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: Business: _____

Person Making the Complaint: (if other than the complainant) _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home: Business: _____

Department/Agency which you believe has discriminated:

Name: _____

Address: _____

County: _____

City: _____

State and Zip Code: _____

Telephone Number: _____

When did the event occur? Date:

Describe the event providing the name(s) where possible for the individuals who were involved (use space on page 3 if necessary): _____

Has the complaint been filed with the Michigan Department of Civil Rights or the Federal Department of Justice or any other Federal agency or court? Yes_____ No_____

If yes (Next page)

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Date Filed: _____

Do you intend to file with another agency or court? Yes _____ No _____

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Additional space for answers:

Signature: _____

Date: _____

Return to:

Brandon Gulnick

ADA Coordinator

100 Center Street

Pembroke, MA 02359

Phone: (781) 709 - 1416

Fax: (781) 293 - 4650